

Case Number:	CM14-0095075		
Date Assigned:	07/25/2014	Date of Injury:	01/27/2009
Decision Date:	10/08/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of January 27, 2009. A utilization review determination dated June 10, 2014 recommends non-certification of acupuncture three times a week for four weeks for the right-hand and an orthopedic consult for the right hand. A progress note dated April 28, 2014 identifies subjective complaints of constant low back pain and no right lower extremity radiculopathy, numbness or tingling. The patient is in need of a medication refill, and there is report of numbness and tingling of the upper extremity that is manageable with medications. The patient's pain level of the cervical spine is rated at a 5/10, of the thoracic spine is a 7/10, of the lumbar spine is an 8/10, the right shoulder is a 5/10, the right elbow is a 4/10, and of the right wrist/hand is a 4/10. The remaining part of the subjective complaint section is illegible. Physical examination identifies positive straight leg raise and the remaining part of the physical examination is illegible. The diagnoses include cervical disc protrusion, thoracic disc protrusion, lumbar disc protrusion/annular tear/DJD, left shoulder impingement, right elbow, right wrist/hand, anxiety, headache, and insomnia. The treatment plan recommends a pain management consultation, request for authorization for acupuncture 2 times a week for 4 weeks. The patient is showing functional improvement and pain relief from acupuncture and a referral to a general orthopedist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture three (3) times a week for four (4) weeks for the Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) Medical treatment utilization schedule, 9792.24.1

Decision rationale: Regarding the request for acupuncture 3 times a week for 4 weeks for the right hand, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no documentation of analgesic efficacy (in terms of reduced NRS or percent pain reduction) or functional improvement with the previous acupuncture trial. In the absence of such documentation, the currently requested acupuncture 3 times a week for 4 weeks for the right hand is not medically necessary.

Ortho Consult for the Right Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for an ortho consult for the right hand, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has nonspecific pain of the right hand. Additionally, it is unclear what the proposed orthopedic consultation will address for the right hand. In light of the above issues, the currently requested ortho consult for the right hand is not medically necessary.